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Laura Gerald, MD, MPH
State Health Director

October 10, 2012 (2 pages)

To: All North Carolina Health Care Providers
From: Megan Davies, MD, State Epidemiologist
Re: **2012–13 Influenza Season: Infection Control Update for NC Clinicians**

This memo provides guidance to NC clinicians and information regarding flu surveillance activities in North Carolina. This guidance might change as the influenza season progresses; updated information is available at www.flu.nc.gov.

Specific information about prevention, diagnosis and management of H3N2v is covered in a separate document at www.flu.nc.gov.

INFECTION CONTROL

- Facilities should use a hierarchy of controls approach to prevent exposure of healthcare personnel and patients and prevent influenza transmission within healthcare settings. Given the difficulty of distinguishing influenza from other causes of respiratory illness, consistent infection control measures should be applied for ALL patients who present with acute febrile respiratory illness.
- Infection control guidance for healthcare settings can be found at <http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>.
- Outpatient medical providers who are referring patients with suspected or confirmed influenza infection to emergency departments or other medical facilities should call ahead to alert the facility that the patient is arriving, and have the patient wear a surgical mask when entering the hospital. The patient should also be instructed to notify the receptionist or triage nurse immediately upon arrival that he or she has respiratory symptoms.

CONTROL MEASURES

- Annual vaccination against influenza is the best way to prevent infection, and is recommended for everyone ≥6 months of age who does not have a contraindication. It's especially important for:
 - People who are at high risk of developing serious complications like pneumonia if they get sick with the flu, and
 - People who live with or care for others who are high risk of developing serious complications.
- All patients with confirmed or suspected influenza infection should be instructed to stay at home for at least 24 hours after resolution of fever (100°F [37.8°C]) *without* the use of a fever-reducing medication. Patients should be given guidance on home respiratory



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isolation, available at www.flu.nc.gov. Contact your Local Health Department for questions regarding additional control measures.

Household contacts should be instructed to monitor themselves closely for illness. If they develop illness, they should stay at home and follow the guidance on home respiratory isolation.

- CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis so as to limit the possibilities that antiviral resistant viruses could emerge. An emphasis on early treatment and monitoring is an alternative to chemoprophylaxis after a suspected exposure for some persons.
 - Chemoprophylactic use of antiviral medications is recommended to control outbreaks among high risk persons in institutional settings.
 - Post-exposure chemoprophylaxis with either oseltamivir or zanamivir could also be considered for close contacts of cases (confirmed or suspected) who are at high risk for complications of influenza, including pregnant women (see above) if antivirals can be started within 48 hours of the most recent exposure.
- Detailed guidance regarding antiviral chemoprophylaxis is available at <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.
- Please use every opportunity to educate patients regarding the importance of good respiratory hygiene, hand washing, and other basic protective measures. Also, please check that pneumococcal vaccine has been administered to all patients for whom it is indicated, including those 65 or older.

Health care providers should contact their Local Health Departments or the Communicable Disease Branch for questions about influenza.

We will post updates with additional guidance as warranted on www.flu.nc.gov. Updates are also available from the CDC at www.cdc.gov/flu.



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